### **Application Data Sheet**

### **Application Information**

Application Type:: Regular Subject Matter:: Utility Suggested Classification:: 128/200 Suggested Group Art Unit:: 3600

CD-ROM or CD-R:: None

Title:: Pressure Support System and Method and a

Pressure Control Valve for use in such a System

and Method

Attorney Docket Number:: 99-03 C1

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Petition included?::

Secrecy Order in Parent Appln.?::

No

## **Applicant Information**

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Patrick
Middle Name:: W
Family Name:: Truitt
City of Residence:: Murrysville

State or Province of Residence:: Pennsylvania

Country of Residence:: US

Street of mailing address:: 3324 MacIntyre Drive

City of mailing address::

State or Province of mailing address::

Pennsylvania

Country of mailing address:: US
Postal or Zip Code of mailing address:: 15668

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Richard

Middle Name::

Family Name::

City of Residence::

Pittsburgh

State or Province of Residence:: Pennsylvania

Country of Residence:: US

Street of mailing address:: 3503 Sunnyvale Drive

City of mailing address::

State or Province of mailing address::

Pennsylvania

Country of mailing address:: US

Postal or Zip Code of mailing address:: 15101

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Primary Citizenship Country::

Status::

US

Full Capacity

Given Name:: Joseph

Middle Name:: J

Family Name::

City of Residence::

State or Province of Residence::

Gesner

Trafford

Pennsylvania

Country of Residence:: US

Street of mailing address:: 203 Deborah Lane

City of mailing address:: Trafford

State or Province of mailing address:: Pennsylvania

Country of mailing address:: US
Postal or Zip Code of mailing address:: 15085

**Correspondence Information** 

Correspondence Customer Number:: 30031

**Representative Information** 

Representative Customer Number:: 30031

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This Application	Continuation of	09/347,071	07/02/99

# **Assignee Information**

Assignee name:: Respironics, Inc.

Street of mailing address:: 1010 Murry Ridge Lane

City of mailing address::

State or Province of mailing address::

Murrysville
Pennsylvania

Country of mailing address:: US
Postal or Zip Code of mailing address:: 15668

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